



# **Division of Aging Services**

## **State Review Guide**

**for**

### **Nutrition Service Program HCBS – Section 304 Part G – Appendix A**

**PSA/County:** \_\_\_\_\_ **Site/Provider:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Revised November 18, 2004**

# **Nutrition Review Guide Purpose, Service Definitions and Abbreviations/Acronyms**

## **Purpose and Scope:**

This review guide is designed to assist Area Agencies on Aging in measuring the compliance and performance of providers of HCBS Nutrition Services.

Area Agencies shall contract only with qualified agencies, properly licensed food vendors, and licensed registered dietitians (or individuals with comparable expertise) for the provision of these nutrition services. An Area Agency providing these services directly shall be accountable to the same rules, regulations and compliance measures and is subject to being monitored by the Division of Aging Services using this review guide.

**This review guide is divided into sections relative to activities and requirements as described in Manual Section 304 – Nutrition Program Guidelines and Requirements. It is the responsibility of the AAA to determine the review guide section or sections required to monitor a service provider or a service appropriately.**

## **Review Guide Sections:**

- **Part A, Section 304.3 - Congregate Nutrition Program Description and Performance Requirements**
- **Part B, Section 304.4 - Home Delivered Meal Program Description and Performance Requirements**
- **Part C, Section 304.5 - Requirements for Meals**
- **Part D, Section 304.6 - Administrative Responsibilities of Nutrition Service Providers**
- **Part E, Section 304.8 - Registered Dietitians**
- **Part F, Section 304 - Nutrition Education, Nutrition Screening, and Nutrition Counseling**
- **Part G - Appendix A**
- **Part H - Nutr-HCBS 304 client check sheets (Excel Spreadsheet)**

## **Abbreviations and Acronyms (Peculiar to this guide/Service/Program):**

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AIMS	Aging Information Management System
CBA	County Based Agency
DON-R	Determination of Need - Revised
DAS	Division of Aging Services
DHR	Department of Human Resources
FN	Footnote
IADL	Instrumental Activities of Daily Living
NSI	Nutrition Screening Initiative
RD	Registered Dietician
UCM	Uniform Cost Methodology

**“Appendix A”**  
**Section 304 – Nutrition Services Program Guidelines and Requirements**

**Instructions to Complete the Client File Checksheet and  
Part I of the Attached Excel Spreadsheet**

**This is an optional monitoring tool to evaluate the accuracy of client data entered into AIMS  
compared to information contained in the source document, the client file.**

1. Determine the number of clients in AIMS for the service provider.
2. Determine the number of client files to be reviewed.
3. Request files from service provider.
4. Compare information contained in the client files to information entered into AIMS noting findings on copies of the checksheet using codes below. Checksheet may be adapted to include additional data elements in the review.
5. Adjust the number of lines in the Excel spreadsheet. (See **Part I** of the attached file: Nutr-hcbs304clientchkshts.xls) to accommodate the number of client files reviewed.
6. Total the number of marks in the “yes”, “no”, “other”, and “both” columns on the checksheet.
7. Enter the number of data elements reviewed into the attached Excel spreadsheet. (Same number of data elements for each client.)
8. Enter column totals for each client into the attached Excel spreadsheet from checksheet.
9. Enter overall compliance/non-compliance rates/percentages in appropriate spaces in “Appendix A”.

**Codes for comparing information contained in client files to information in AIMS (data elements):**

- Yes -** AIMS Information and the source document information matched.
- No -** AIMS Information and the source document information did not match or the information was contained in the source document and not entered into AIMS.
- Other -** No information contained in source document.
- Both -** Information was blank in both the source document and in AIMS.

**“Appendix A”**  
**To Section 304 – Nutrition Services Program Guidelines and Requirements**

This is an optional monitoring tool to evaluate the accuracy of client data entered into AIMS compared to information contained in the source document, the client file.

**CLIENT FILE CHECKSHEET**

Client Name: \_\_\_\_\_ Client I.D. #: \_\_\_\_\_  
(Last) (First) (Middle)

Provider: \_\_\_\_\_ Reviewer's Name: \_\_\_\_\_

File # \_\_\_\_ of \_\_\_\_ (number) of files to be reviewed.

Item #	Data Elements	Yes	No	Other	Both	Comments
1.	Client Name					
2.	SSN					
3.	Address					
4.	City					
5.	State					
6.	Zip					
7.	County					
8.	Phone #					
9.	Gender					
10.	Birth Date					
11.	Marital Status					
12.	Race					
13.	Living Arrangements					
14.	# in Household					
15.	Client Income					
16.	Current Assessment Information In AIMS					
17.						
18.						
19.						
20.						
21.						
Total						

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments								
1.		<p>Provider: _____</p> <p>Site: _____</p> <p>Service Provided to Clients Reviewed: _____</p> <p>Date of Evaluation: _____</p> <p><i>Monitor – To evaluate the integrity of AIMS data entry of information contained in client files, randomly select and request client files/source documents from the provider. Compare the client’s information as entered into AIMS to the information contained in the client files. The suggested number of client files to be reviewed would be based on the total number of unduplicated client files in AIMS for a provider’s site by service current to this evaluation. The <u>HCBS – Missing Data Elements Report by Individual Service Report</u> will total the number of clients in AIMS. The following chart indicates the number of files to be reviewed.</i></p> <table border="1"> <thead> <tr> <th>Number of Client Files in AIMS</th> <th>Number of Client Files to Review</th> </tr> </thead> <tbody> <tr> <td>1 – 60</td> <td>*Minimum of 6 files</td> </tr> <tr> <td>60 +</td> <td>*Minimum of 10%</td> </tr> <tr> <td colspan="2"><b>*If multiple errors are found, increase your sample size.</b></td> </tr> </tbody> </table> <p>Fill out a checksheet for each participant by comparing the information entered into AIMS to the information contained in the client’s file. Enter the totals for each client into <b>Part I</b> of the attached Excel spreadsheet. (See attached file: Nutrhcb304clientchshts.xls.) The checksheet and attached Excel spreadsheets may be adapted to accommodate a review for additional information as desired by the AAA.</p> <p>(A.)Number/unduplicated count of clients in AIMS for the site as indicated on the AMS report: _____</p>	Number of Client Files in AIMS	Number of Client Files to Review	1 – 60	*Minimum of 6 files	60 +	*Minimum of 10%	<b>*If multiple errors are found, increase your sample size.</b>		Comments:
Number of Client Files in AIMS	Number of Client Files to Review										
1 – 60	*Minimum of 6 files										
60 +	*Minimum of 10%										
<b>*If multiple errors are found, increase your sample size.</b>											

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
		<p>(B) Number of these files with one or more missing data elements as indicated on the AIMS report: _____</p> <p>(C) Percent of these files with one or more missing data elements as indicated on the AIMS report: _____</p> <p>(D) Number of clients files to be reviewed. _____</p> <p>(E) Enter overall compliance/non-compliance rates/percentages of the client file review from <b>Part I</b> of the Excel spreadsheet or from you own worksheet.</p> <p>Yes _____%    No _____%    Other _____%    Both _____%</p> <p>(F) Were there discrepancies found in the information contained in the client files compared to the information entered into AIMS?                      YES _____ NO _____</p> <p>(G) Who performs data entry of client information into AIMS for provider/site?</p> <p>_____ Provider Staff                      OR                      _____ AAA Staff</p> <p>(H) If “yes”, what kinds of discrepancies were found? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Number	Section Cited	Compliance Statement	Yes/ No/ N/A Comments
		<p>(I) If “yes”, were discrepancies reported to the appropriate agency or person for corrections? YES _____ NO _____</p> <p><b>Comments:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	